

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470 email: ethics@hawaiiethics.org

Web site: www hawaii.gov/ethics

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LOBBYIST REGISTRATION FORMSTATE OF HAWAII (Type of Print Clearly) STATE ETHICS COMMISSION (Type or Print Clearly)

PART I **LOBBYIST** NAME (Last) (First) (Middle) **TELEPHONE** ·E Mihoko 539-0840 Ito MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** mito@awlaw.com (City) (State) (Zip Code) 96813 Honolulu HI EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** 539-0400 Slovin & Ito, LLP MAILING ADDRESS (Street) FAX 533-4945 1099 Alakea Street, Suite 1400 **EMAIL** (City) (State) (Zip Code) 96813 Honolulu HI

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LO	TELEPHONE	
Wyndham Worldwide Corp	973-753-6000 FAX	
MAILING ADDRESS (Street)		
7 Sylvan Way	EMAIL	
(City)	(State)	(Zip Code)
Parsippany	NK	07054
NAME OF PERSON RESPONSIBLE FO	TELEPHONE	
Thomas Goodman		407-370-5313
MAILING ADDRESS (Street)		FAX (407) 370-5222
6277 Sea Harbor Drive		EMAIL tom.goodman@wyn.com
(City)	(State)	(Zip Code)
Orlando	FL	32821

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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	√ Tourism & Recreation		
Consumer Protection & Commerce	Hawailan Affairs	🗸 Labor & Employment	☐ Transportation		
Culture, Arts, Historic Preservation	— Health	Planning, Land & Water Use Management	✓ Other: (indicate below) Taxation		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZAT	ION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Marcus Banks	SVP Litigation and Government Relations				
NAME OF ORGANIZATION (if applicable)			relephone		
Wyndam Worldwide Corporation			973-753-7839		
MAILING ADDRESS (Street)			FAX		
22 Sylvan Way			EMAIL narcus.banks@wyn.com		
(City)	(State)		(Zip Code)		
Parsippany	NJ		07054		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
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(Signature of	(Date)				